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<b>FEE TRANSMITTAL</b> <b>for FY 2005</b> <small>Effective 10/01/2004. Patent fees are subject to annual revision.</small>				<b>Complete if Known</b>																																																																																																																																																																																																																																													
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27				Application Number	09/313,625-Conf. #4150																																																																																																																																																																																																																																												
				Filing Date	May 18, 1999																																																																																																																																																																																																																																												
				First Named Inventor	Gary D. Hodgen																																																																																																																																																																																																																																												
				Examiner Name	E. J. Webman																																																																																																																																																																																																																																												
TOTAL AMOUNT OF PAYMENT (\$)				225.00	Attorney Docket No. H1890.0200																																																																																																																																																																																																																																												
<b>METHOD OF PAYMENT (check all that apply)</b> <input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None Deposit Account: Deposit Account Number: 50-2215 Deposit Account Name: Dickstein Shapiro Morin & Oshinsky LLP The Director is authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.				<b>FEE CALCULATION (continued)</b>																																																																																																																																																																																																																																													
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